

SERIAL NUMBER 09/431,140	FILING DATE 11/01/99	CLASS 414	GROUP ART UNIT 3652	ATTORNEY DOCKET NO. A-21667		
APPLICANT	CHOHEI OKUNO, MIE, JAPAN.					
	CONTINUING DOMESTIC DATA*** none will 08/30/01 VERIFIED					
	371 (NAT'L STAGE) DATA*** none will 08/30/01 VERIFIED					
	FOREIGN APPLICATIONS*** VERIFIED JAPAN 10-323769 11/13/98 JAPAN 11-65676 03/11/99 <i>yes will 08/30/01</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/02/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <i>will 08/30/01</i> Examiner's Initials _____		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 32	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
ADDRESS	ROBERT L AITKEN LANE AITKEN AND MCCANN WATERGATE OFFICE BUILDING SUITE 600 2600 VIRGINIA AVENUE N W WASHINGTON DC 20037					
	TITLE ROBOT ARM MECHANISM					
• FILING FEE RECEIVED \$976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

CONFIRMATION NO. 8324

SERIAL NUMBER 09/431,140	FILING DATE 11/01/1999 RULE	CLASS 414	GROUP ART UNIT 3652	ATTORNEY DOCKET NO. A-21667	
APPLICANTS CHOHEI OKUNO, MIE, JAPAN;					
** CONTINUING DATA ***** none item 12/06/02					
** FOREIGN APPLICATIONS ***** yes item 12/06/02 JAPAN 10-323769 11/13/1998 JAPAN 11-65676 03/11/1999					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/02/1999					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY JAPAN	SHEETS DRAWING 32	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged <u>WMM 12/06/02</u> Examiner's Signature Initials					
ADDRESS 26694					
TITLE ROBOT ARM MECHANISM					
FILING FEE RECEIVED 976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		